Appendix A-15: Data Validation Methods

I. Introduction

All quality measures data submitted to EOHHS, via the MassQEX web portal, are required to meet validation standards along several levels. This includes passing: a) internal portal data completeness checks; b) chart level audits and; c) external portal checks to verify expectations for volume of discharges that meet ICD requirements for measures data received.

The EOHHS contractor will perform all aspects of portal and chart validation activities for inpatient measures data reported under the MassHealth P4P Initiative. All data that has been successfully submitted via the MassQEX portal are subject to the validation process. This Appendix A-15 describes the data validation process for chart level audits.

II. Overview of Chart Validation Process

a) The purpose of validation is to verify that the patient-level abstracted data submitted by Hospitals to MassQEX is accurate and reliable for calculating performance scores and incentive payments.

b) The EOHHS contractor will identify a sample of the Hospitals MassHealth patient-level records submitted via MassQEX, acquire copies of charts and re-abstract the measures data. Chart re-abstraction will establish the 'EOHHS Standard' for data abstraction. The 'Hospitals original' abstraction will be compared to the 'EOHHS Standard" abstraction using methods outlined in Section III of this Appendix A-15.

c) In RY2008, data validation will be for the newly reported inpatient measure sets of maternity, neonate, pediatric asthma and surgical infection prevention.

d) A random sample of 5 charts per quarter across all of the specified measure sets will be identified, by the EOHHS contractor, for each Hospital. The EOHHS contractor will re-abstract the hospital record data using the abstraction tool provided to hospitals in Appendices A-5 to A-9 of this Technical Specifications Manual.

e) Hospitals achieving an overall agreement score ≥ 80% for all 4 quarters of data submitted will be considered to have "passed" validation. Hospitals with overall scores that fall below 80% will be considered to have "failed" validation.

f) Chart validation schedule:
   1) Hospitals will be notified, by the EOHHS contractor, of cases selected for chart validation within fourteen (14) calendar days following the data submission deadline of May 15, 2008.

   2) Hospitals must submit paper copies of all medical records requested within seventeen (17) calendar days of the request. The EOHHS contractor will notify hospitals, by email or telephone, if any of the requested records have not been received within four (4) calendar days of the deadline.

   3) Copies of records not received from Hospitals within seventeen (17) calendar days of the Contractor request will be deemed as failing validation for that record.

III. Validation Scoring Methods

a) **Validation Standard.** Hospitals will be evaluated against the 'EOHHS Standard' for chart abstraction by measuring agreement on the specific clinical and non-clinical (demographic and administrative) data elements for the measure sets listed in Section II.c above. Information from the 'Hospital original' and 'EOHHS Standard' abstraction will be compared to identify matches and variances across the data elements.

b) **Data Element Scoring.** All data elements are categorized as scored or non-scored. Scored elements are included in the calculation of the overall validation rate. Non-scored elements are <u>not</u> included in the calculation of validation rates but must pass portal completeness checks and will also be used to verify that the correct medical chart was received. A summary of the data element scoring categories are provided in Table below.

Table 1. Summary of Data Element Scoring Categories

Scored Data Elements		Non-Scored Data Elements
<u>Non-Clinical Elements</u>: • DHCFP Race • DHCFP Ethnicity • Hispanic Ethnicity • Hospital Bill Number • (Admission source & Discharge status for NICU only)	<u>Clinical Elements for</u>: • MAT-1 measure • MAT-2 measure • NICU-1 measure • CAC-1a measure • CAC-2a measure	Admission date, admission source and time, Birth date, case identifier, payer source, Discharge date, discharge status, Hospital patient ID #, postal code, Provider ID, Provider name, sample, Patient RID, Sex, SSN, First & Last name, (Admission Source & Discharge status for MAT, CAC and SIP only)

A detailed description of all data elements listed for each measure are contained in Appendix A-14 (Data Dictionary) of this Technical Specifications Manual.

c) **Data Element Mismatch Reasons.** The EOHHS contractor will identify a mismatch reason for each variance observed between the data elements in the 'Hospital original' and 'EOHHS Standard' abstraction. The mismatch reason categories are provided below.

Table 2. Mismatch Reason Categories

Abstractor answer not found	Parent element mismatch (child element)
Abstractor missed information	Poor record copy
Acceptable match/mismatch	Unclear element definition
Data entry error	Invalid record sent
Not following abstraction guidelines	Record not received

d) **Calculating Overall Score.** The overall agreement score is the aggregate of the validation rates for all quarters of data. The overall score is the proportion of scored items in agreement divided by the total scored items rated. Confidence intervals will be calculated to determine appropriate range for estimating if a reliability threshold has been met.

e) **Validation Report Results.** Hospitals will receive reports that provide information on the overall validation results, case detail results at the data element level, and comments to improve reliability of measures reporting as appropriate.

IV. Requesting Re-Evaluation of Validation Results

Hospitals can have their original validation results considered for re-evaluation under the following conditions:

a) Basis for Re-evaluation:
   1) Only Hospitals that have **not** met an overall agreement score ≥ 80% may request a re-evaluation of their original validation results. Hospitals can request a re-evaluation of validation results, for any given quarter, that fall below 80%.

   2) The re-evaluation process for any quarter will be based on copies of medical records that were originally submitted, for that quarter, within the timelines stated under Section II.f above.

   3) Hospitals are **not** allowed to submit any new or additional documentation as part of the re-evaluation process.

   4) Hospitals that failed to submit copies of the medical records requested by the EOHHS contractor within the timelines stated under Section II.f above, are **not** eligible to submit a request for re-evaluation.

b) Timelines:
   1) The Hospital has <u>10 business days</u> from the date of notification on their original validation report results to submit a written request for re-evaluation.

   2) The re-evaluation process will be completed and mailed to the Hospital by the EOHHS contractor within <u>10 business days</u> from receipt of the Hospitals request.

c) Submission Format:
   1) Hospitals must complete the attached "*Request for Re-evaluation of Validation Results Form"* and provide information on the data element mismatches including the rationale for the request to re-evaluate the chart abstraction results.

   2) The request must be sent to the EOHHS contractor address and/or fax listed on the form.

   3) An electronic copy of the form can be obtained directly from the MassQEX Customer Support Help Desk at: **massqexhelp@masspro.org**

d) Final Results:
   1) The Hospital will receive a written report on the final re-evaluation results indicating the following responses:
      a. Whether any of the validation results have been adjusted; and
      b. Whether the overall agreement score remains below the 80% requirement.

   2) The final report will also provide details on data element mismatches that remain and educational comments to improve data reliability as appropriate.

MassHealth Quality Exchange
Request for Re-evaluation of Validation Results Form

INSTRUCTIONS: Hospitals must complete this form when the validation results are <.80 as stated in Appendix A-15. Submit this form <u>no later than 10 business days</u> after the date of notification of the Hospitals original validation report results by postal mail or FAX to:

MASSPRO, INC.
Attention: MassHealth Quality Exchange (MassQEX)
245 Winter Street Waltham, MA   02451-8709
(Fax: 781-290-5784)

Hospital Name: _____ **MassHealth Provider ID:** _____

Hospital Quality Contact Name: _____ **Telephone:** ( ) _____ **Validation Qtr/Year** ___/__

For internal use only
Hospital Completion Date: ____/___/____ Date Masspro Received: ____/___/____ Timely: __ Yes ___ No

Please enter all information requested below for each data element.					
Med Record #	**MP Validation Control #** (Listed on case detail report)	**Discharge Date**	**Measure ID #**	**Data Element Name** (Listed on case detail report)	**Hospital Rationale** (Explain reason for the data element mismatches. Information not originally provided will not be considered as part of re-evaluation)

Appendix A-15: Data Validation Methods (vers1.4)